

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS 152 State Index No. 887

PLACE OF BIRTH  
County of Gila  
District of Globe  
Town of Globe  
or City of Globe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**ORIGINAL CERTIFICATE OF BIRTH**

Co. Register No. 270  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Shirley Gaeplin { Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child Female Twin, Triplet or other ✓ and { Number in order of birth ✓ Legitimate Yes Date of Birth Sept 19 1916  
(Month) (Day) (Yr.)

FATHER  
Full Name Wm John Gaeplin  
Residence 517 So Hill St  
Color or Race White Age at last Birthday 42 (Years)  
Birthplace St Wayne, Ind.  
Occupation Assayer

MOTHER  
Full Maiden Name Myrtle Willis Johnson  
Residence Same  
Color or Race White Age at last Birthday 31 (Years)  
Birthplace Burlingame, Kansas  
Occupation Housewife

Number of child of this mother 3 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 19 1916, at 29 M.  
{ \*When there is no attending physician or midwife, then the householder should make this return. (Signature) C. J. Sturgeon  
(Attending physician, midwife, householder\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_  
Address \_\_\_\_\_  
Filed Sept 22 1916 B. G. J. of LOCAL REGISTRAR.  
275-919-415 A True Copy Filed Oct 5 1916 B. G. J. of W. H. COUNTY REGISTRAR.  
COUNTY REGISTRAR.